

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 10/525388

FILING DATE

APPLICANT

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL REQ. | 2 | ↓ | 3 | ↓ | | ↓ |
| TOTAL DEP. | 30 | ← | 5 | ← | | ← |
| TOTAL CHARGE | 32 | ████████ | 54 | ████████ | | ████████ |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL REQ. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CHARGE | | ████████ | | ████████ | | ████████ |

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